

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D B	70200	7-2-99
O.I.P.E. CLASSIFIER		10	7-26-99
FORMALITY REVIEW	SB	#07033	8-5-99

INDEX OF CLAIMS

Rejected
 Allowed
 Canceled
 Restricted
 (Through numeral)

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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If more than 150 claims are captioned, staple additional sheets here.

BEST AVAILABLE COPY

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